

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90004 008 ***150.00

DOCUMENT # P05000134939

1. Entity Name
WESTWAY ASSOCIATES, INC.



Principal Place of Business
**3442 FLAMINGO AVE.
SARASOTA, FL 34242**

Mailing Address
**3442 FLAMINGO AVE.
SARASOTA, FL 34242**

40099993



2. Principal Place of Business

3. Mailing Address

P.O. Box 49948

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07112006

Chg-P

CR2E034 (11/05)

City & State

City & State

Sarasota, FL

4. FEI Number

20-3563479

Applied For
Not Applicable

Zip

Country

Zip

34230-6948

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAAFFE, MICHAEL S.
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
WEST TAAFFE, TAMMY
3442 FLAMINGO AVE.
SARASOTA, FL 34242** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DPST ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
TAAFFE, MICHAEL S.
3442 FLAMINGO AVE.
SARASOTA, FL 34242** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/06
Date

Distance: Please if